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Bib Data Sheet

CONFIRMATION NO. 5180

SERIAL NUMBER 09/927,914	FILING DATE 08/10/2001 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 1314.2004-001
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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/224,227 08/10/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 10/01/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 93	INDEPENDENT CLAIMS 11
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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TITLE
 Augmented cognitive training

FILING FEE RECEIVED 1587	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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